

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-020983
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **274** Primary Registration District No. _____ Registrar's No. **192**

V\$ 300
Rev. 4/59

1 **0800**

2 **0800**

3 **1**

4 **0**

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6

7 **0**

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9 **331X**

10

11

12 **86-2**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 11 1963

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lamonte		c. CITY OR TOWN Sedalia	
Length of stay in 1b 1 month		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bohnenkamp Nursing Home		d. STREET ADDRESS (If outside, give location) Route 3	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) FRANK C. CHANEY		4. DATE OF DEATH Month June Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/16/93
9. AGE (last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City, and state or country) Longwood, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ambrose Chaney		13b. MOTHER'S MAIDEN NAME Ora Curry	
14. NAME OF HUSBAND OR WIFE Mrs. Gertrude Chaney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. *****		17. INFORMANT Mrs. Gertrude Chaney, Route 3, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO (b) Coronary vascular accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sedalia	COUNTY Pettis	STATE Missouri
21. I attended the deceased from April 6 1963 to June 8 1963 and last saw him/her alive on June 8 1963 . Death occurred at 2:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Nicholas J. Smith D.O.	(Degree or title)	22b. ADDRESS La Monte Mo.	22c. DATE SIGNED 6-10-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/11/63	23c. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	23d. LOCATION (City, town, or county) (State) Pettis County, Missouri
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24. GENERAL DIRECTOR Thomas Owen	ADDRESS Sedalia, Missouri	25. DATE RECD. BY LOCAL REG. June 10, 1963	26. REGISTRAR'S SIGNATURE Frances Shelby
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Medalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.